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BUMED Business Planning Tool — Mission

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Mission and Core Business

Ultimately, the business plan is a plan to accomplish the mission of the organization while achieving the corporate vision. This module asks you to review your MTF Mission and Vision Statements in the context of the BUMED mission and vision. We must ensure that all MTFs are aligned with the BUMED priorities in order to achieve corporate alignment. This module will assist you in identifying those key structural and functional elements that define the business you are in. These are your core businesses and your core processes. As you proceed through the remainder of the BBPT you will examine these businesses and processes in much greater detail. When you have completed the business plan you will once again be asked to review your core businesses and core processes and make final changes. Thus, use this module as an opportunity to record your impressions. You can come back and make changes later.

Finally, you will be asked to identify keys to success. In FY05, Naval Medicine must make significant improvements in documented productivity while operating within a resource-constrained environment. We must also maintain the high quality of care we deliver and continuously improve beneficiary satisfaction by maintaining high levels of access to care. You will need to identify three to five key elements of your business plan that will allow you to achieve those goals in your market. Again, this is really only a placeholder. After you have completed all of the other modules, you will come back and review and revise your keys to success.

Key Assumptions: For this section you should review the entire BUMED/HSO Guidance for the FY05 Business Planning Process for Ambulatory MTFs.

- Click here to see the 2002 Naval Medicine Strategic Plan

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BUMED Business Planning Tool — Market Analysis

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Market Analysis - Demographics

You and your staff should know your market best. This module provides a statistical overview of your market as it steps you through the analysis of three critical Market Analysis areas — Demographics, External Healthcare Environment, and Utilization. It is important to review each of the three sections before formulating an output plan. At the end of each section, you can record your thoughts and any issues concerning that section of the Market Analysis. The inputs from each of these sections will roll to the Market Action Plan where you will complete your analysis of the total market.

Key Assumptions: Your enrollment target for FY05 is your facility's FY02 average enrollment level. For regions 1, 2 & 5, your enrollment targets will be your current FY03 level of enrollment, **not** the FY02 level.

- Powerpoint Overview
- For more information regarding Market Analysis and Demographics, click here.

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BUMED Business Planning Tool — Market Analysis

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Market Analysis - External Healthcare Environment

In this section, you will examine the care given outside your "4" walls. You rely on your market area for specialty care when you are unable to provide it. You must understand how you and your patients use these services in order to optimize your referral patterns and minimize your network costs.

- Click here for more information.

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Please review the Market as outlined in the steps below. Your current step is highlighted for you and your data are presented at the bottom of the page.

Step 1

External Healthcare Environment Analysis

Background

Every community has strengths and weaknesses with regard to the healthcare

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BUMED Business Planning Tool — Market Analysis

Market Analysis - External Healthcare Environment

In this section, you will examine the care given outside your "4" walls. You rely on your market area for specialty care when you are unable to provide it. You must understand how you and your patients use these services in order to optimize your referral patterns and minimize your network costs.

- Click here for more information.

Business Plan:	**Your Command Name Business Plan for FY05**
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Please review the Market as outlined in the steps below. Your current step is highlighted for you and your data are presented at the bottom of the page.

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Step 1

External Healthcare Environment Analysis

Background

Every community has strengths and weaknesses with regard to the healthcare

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BUMED Business Planning Tool — Access to Care

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Access to Care

Access to Care is key to patient satisfaction and good patient care. Our beneficiaries have a choice of where to receive their healthcare and they may choose to obtain their care elsewhere if they are having difficulty with access in our system. You can use reports produced by the TRICARE Operations Center (TOC) to assess your success in meeting your patients' needs. This data, however, will not tell you what you need to know if you are not using the standard appointment types as intended.

- The Commander's Guide to Access Success can be found here.
- In addition, the TRICARE Operations Center provides an excellent resource.

Key Assumptions:

- All Active Duty, regardless of enrollment status, will have the highest priority for access to care.
- Space must be maintained for non-MTF enrolled Operational Forces, students, reservists, etc.
- Space available care is essential to our beneficiaries. From a business perspective it optimizes existing resources by filling underutilized capacity. Examples of space available care essential to our mission include the unenrolled operational forces and students.
- Under the Next Generation of Contracts, MTFs assume full responsibility for all appointing functions.

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BUMED Business Planning Tool — Workload

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Workload

At the end of the section on outpatient and inpatient workload reporting, you will have analyzed your Standard Ambulatory Data Record (SADR) and Standard Inpatient Data Record (SIDR) workload data and highlighted areas that need improvement in completeness and accuracy. You will develop actionable plans and timelines to improve your workload reporting performance.

Key Assumptions:

- The long-term survival and vitality of Naval Medicine rests on our ability to focus on our core business of delivering health care while improving supporting business processes.
- Improving documented productivity or reducing network expenses by managing demand must not result in decreased healthcare quality or beneficiary satisfaction.
- The workload data gathered in CHCS/ADM that is transmitted to the corporate data warehouse (M2) is the official source for Relative Value Units (RVUs) and Value of Care (VOC).

- Click here for more information.

Business Plan: **Your Command Name Business Plan for FY05**

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Personnel At Your Activity

Personnel are your greatest asset and your greatest cost. At the end of this section on labor reporting, you will have analyzed your labor data reported in SPMS and highlighted areas that need improvement in completeness and accuracy. You will develop actionable plans and timelines to improve labor reporting and distribution of labor to multiple work/cost centers.

Key Assumptions:

- The current personnel distribution system "is what it is" and will not be able to adapt to individual business plans during FY04 and FY05.
  - MTFs should assume that current military personnel will be replaced when they PCS or retire.
  - Unfilled billets will most likely remain unfilled.
  - Military personnel are relatively fixed; remaining personnel must be managed in support of facility optimization.
- Labor expenses for all categories of personnel must be accurately recorded.
  - Loaned labor and borrowed labor must be captured in order to monitor the performance of sharing agreements between MTFs and with other institutions. This is particularly important in multi-service markets.
  - All contract personnel will be entered in SPMS; and productive hours will be recorded.
- Clinical area time includes both face-to-face time with patients and ANY administrative time spent in that clinic working on clinic business applicable to that clinic's MEPRS code.
- Labor distribution data gathered and entered into the Standard Personnel Management System (SPMS) and processed via the Expense Assignment

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BUMED Business Planning Tool — Organizational Alignment

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Organizational Alignment

Without standard names and codes, it is difficult to compare the efficiency of clinical services across MTFs. The goal of this module is to standardize organizational codes for workload capture and expense allocation. By the end of this module, you will have identified the standard codes that will be used in your facility.

- Click here for more information.

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Please address the following steps. The step you are currently completing is highlighted for you.

Step 1

Review and Validate Current Functional Cost Codes

Background

Excessive variation in the naming and use of Functional Cost Codes (FCC) has

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BUMED Business Planning Tool — Contingency

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Tracking of Readiness Status of Medical Augmentation Personnel assigned to Operational Platforms is a Critical Part of our business. The Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) is a Web-based database developed to facilitate readiness reporting. Step 1 will review EMPARTS information that is available.

Deployment of Personnel may have a provided effect on a MTF. Under the next generation of Tricare contracts, the Enrollees MTF is responsible for the Network Care provided. Step 2 of this module will allow you to estimate the potential effect of deploying personnel from your facility.

- Click here for more information.

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Please address the following steps. The step you are currently completing is highlighted for you.

Step 1

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BUMED Business Planning Tool — Evidence Based Medicine

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Clinical Quality and Evidence Based Healthcare

A critical piece of any health system business plan is a section on clinical quality. Measuring, benchmarking and ultimately closing gaps in care have very real and tangible consequences for your command. Improvement in clinical quality has resulted in cost efficiencies, improved patient outcomes and improved satisfaction (for the patient and the provider).

The required metrics within this section are a "first step" toward developing a comprehensive clinical dashboard measuring chronic, acute and preventive services. Our comparative benchmark is the HEDIS 90th percentile level. Diabetes and asthma are disease states targeted for improvement within Naval Medicine and currently being championed by Naval Medicine's Primary Care Advisory Board and the Evidence Based Healthcare Advisory Board. Naval Medicine's Breast Health Working Group is championing breast cancer screening, a preventive measure.

Support packages and technical assistance is available through BUMED Clinical Operations M3M2 for any requesting command.

KEY ASSUMPTIONS

- Quality of care must be maintained. All commands are expected to pass JCAHO and other regulatory reviews of clinical quality.
- Implementation of Disease State Management and Population Health for Diabetes and Asthma.

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MTF Pharmacy Operations

The prescription benefit is robust, and customer driven. Beneficiaries can choose to get their Rx filled at the MTF, a retail pharmacy, or through the mail order option. Beneficiary cost share, days supply, and drug ingredient costs vary in all three.Today, the retail pharmacy contract is managed by the MCSC. The next generation pharmacy contract carves out the retail option which puts the government "at risk" for all prescription costs. Bills will be paid centrally. Services will be held fiscally accountable for their MTF enrollees and for service-specific Rx utilization in the white spaces. (TRRx FAQ and presentation link). Regulations, laws and policies that set the standard for quality and operational flexibility are listed in the reference section. Tools to manage utilization include: formulary, customer service surveys, retrospective drug utilization reviews (by provider and by beneficiary), patient health management program (pharmacist practitioner). Tools for managing costs within the MTF pharmacy operation include: inventory, budget forecasts and execution, bar code technology and personnel allocation and mix. Budgeting and tracking of pharmaceuticals will remain the same (expenditures from past year + inflation (double digits expected) (FAQ) and TFL Accrual Funding (FAQ & presentation) business rules will remain the same. HA policy exists to encourage consistency and uniformity in the delivery of the drug benefit. JCAHO 2004 medication management standards were written to ensure patient care and safety is maintained. It is important that Commanding Officers understand the new laws, market dynamics and JCAHO standards so that he/she can best manage and balance the costs, care and access to our MTF pharmacy services. This module is divided into 4 steps: demographics, formulary management; staffing, operational effiiciencies.

- HA Triservice Pharmacy Guidance
- Manual Medical Department Ch. 21
- Rx Drug Benefit
- Title 10 US code

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BUMED Business Planning Tool — Net Value

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Net Value

The Net Value Model is designed as a means to track financial performance and network reliance. It offers visibility of expenses, value of the medical care provided, and enrollee network costs. Included in the model are key financial indicators. Margin is calculated by comparing the Value of Care (VOC) produced against direct care Expenses from the Expense Assignment System (EAS). Network reliance is ascertained by examining the proportion of network costs to VOC utilizing the Loss Ratio. The module pulls together concepts and data from previous Business Planning Modules of Market, Workload, and Personnel. Identify potential under-performing facilities and work centers by examining Expense, Margin, and Loss Ratio.

KEY ASSUMPTIONS

- Any increase in enrollment beyond the FY02 level must be justified based and a plan developed to reduce enrollment. Currently there is no provision to move monies from the network to the direct care system. In regions 1, 2, and 5, the FY03 enrollment levels should be met.
- Catastrophic cases will be funded centrally. Catastrophic cases, however, must be managed aggressively.
- Space available care will be used to optimize existing resources by filling underutilized capacity. Operational Forces not enrolled and students are examples of space available care that should be given first priority.
- Medicare Eligible Level of Effort (TRICARE for Life - TFL) is fixed unless a change is specifically approved by BUMED. The TFL level of effort must be met in order to achieve full accrual funding.
- The key measure of ambulatory clinical production is work relative value units (RVU). Click here to view example values. Click here for Productivity

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BUMED Business Planning Tool — Review

Review of Issues, Plans of Action, and Prioritization

In this module you can review the Issues that you have noted in the previous steps, add new issues and points of contact, and rank order the issues for your facility. Please follow the following steps:

1. Please review each one of the issues you have identified so far. If you have not created an issue related to one of the modules, and you wish to, return to that module and add an issue.
2. Look at each of your issues and discuss the impact of the issue you have identified, be as specific as possible. For instance, if you identified excessive no show appointments in the access section, estimate the lost value of care for each no show, the number of no shows per day and then calculate the total lost value of care for the year. Once you have estimated the impact of the issue, record that in the narrative portion of the issue.
3. If you have already proposed a solution for the issue. Estimate the cost of implementing the solution during FY 05.

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New Issues

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BUMED Business Planning Tool — Financial Review

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Financial Plan

Your financial plan will be developed based on the other modules of the BUMED Business Planning Tool. It is predicated on financial performance in relationship to the delivery of the healthcare benefit and readiness missions.

Using the Summarized Management Analysis Resource Tool (SMART), you will be able to prepare the financial plan that quantifies the business plan for their work center, clinic division, department, directorate and command.

The key to your business plan is identifying your core business and describing how you will execute your business given the finite resources you have available to perform your missions. That means clearly defining those things you will continue to do as well as those things you will not continue to do. In any event, you also need to consider marketing the changes to your customers (internal and external).

In this section, you will review your issues and plans in relationship to your APF.

- Click here for more information.

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BUMED Business Planning Tool — Production Plan

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Health Affairs Production Plan

During FY2003, OASD/HA required the services to submit production goals for each command. As you analyzed your core business during the business planning process, you may have changed your command goals based on new information or insights. However, you need to compare your new plan to the OASD/HA submission. If they are not aligned, it may have a significant impact on your funding levels under the ODRA/PPS business model.

- Click here for more information.

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The step you are currently working on is highlighted below.

Step 1

Comparison between your Health Affairs Business Plan Submission and your enrollment plan in the BUMED Business Planning Tool.

Instructions / Metrics

In this section you will find your overall enrollment plan as you defined during the

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BUMED Business Planning Tool — Strategic Plan Review

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Strategy, Tactics & Implementation

A great business plan will have a coherent strategy, combined with executable initiatives designed to meet objective performance goals. In this section you will review all of the work you have done thus far so that you can discern the best possible strategy for your MTF in your market. With that strategy in mind, you will review the issues that you have identified along with the financial rewards for successful resolution of each one. We recognize that some initiatives in a successful business plan may not have an immediate return on investment but, if this is the case, they should be aligned securely to the Command vision and mission, ensuring the long term growth, health and vitality of the organization.

Once you have prioritized your issues for this year, you will look more closely at each of the issues, calling on the expertise of your ESC so that you can develop an implementation plan for success. Finally, you will complete the BUMED Business Plan Summary Sheet to confirm your chosen initiatives will positively influence the BUMED performance measures. Finally, you will set goals for each of the performance measures. Those performance measures and your goals will serve as the Command Report Card for FY 05.

- Strategy Planning Guidelines

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BUMED Business Planning Tool — Executive Summary

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Executive Summary

In this section, you will reflect on the plans and the analyses you have worked on throughout the tool and summarize them in a one page narrative format.

- Click here for more information.

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Executive Summary

Identified Issues

Priority	Title
1	Access to Care
1	Ancillary
1	Ancillary Services - Laboratory
1	Ancillary Services - Radiology
1	Clinical Quality

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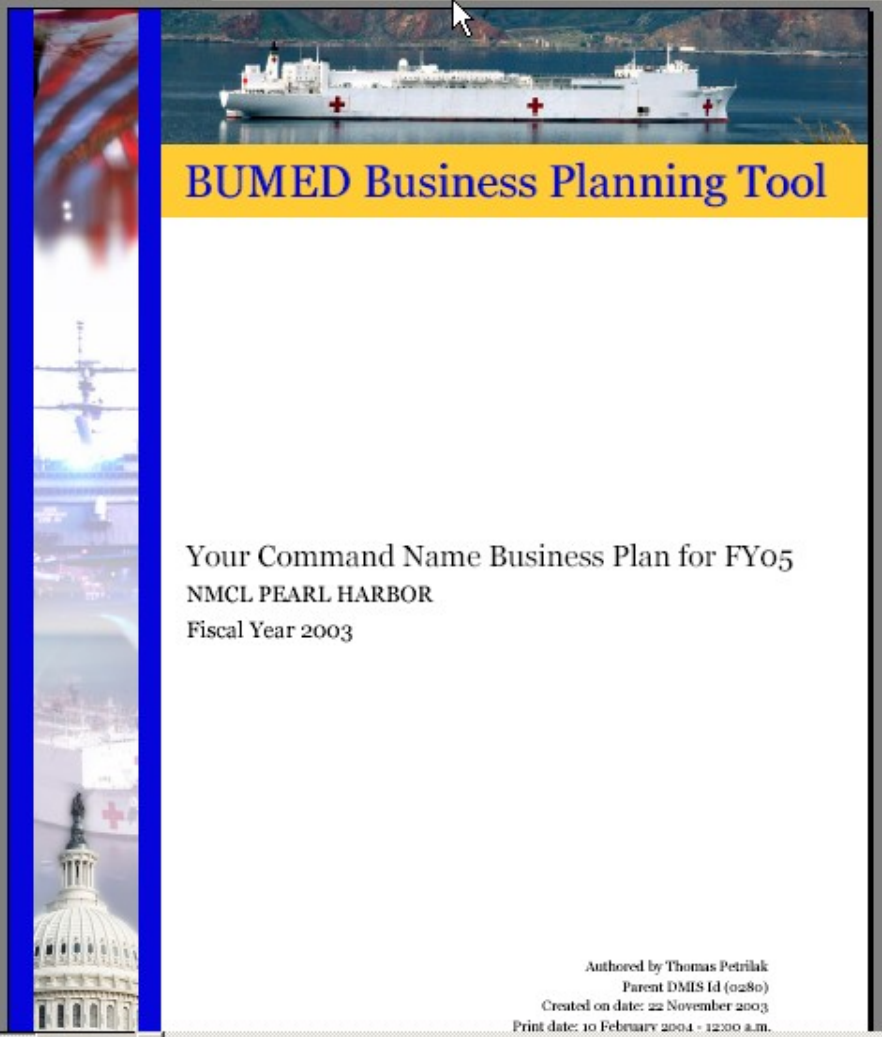

BUMED Business Planning Tool

Your Command Name Business Plan for FY05

NMCL PEARL HARBOR

Fiscal Year 2003

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Parent DMIS Id (0280)
Created on date: 22 November 2003
Print date: 10 February 2004 - 1200 a.m.

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